

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074144

Entity Name: RALSTON HOLDINGS, LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2710 DEL PRADO BLVD., S UNIT 2-199  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2710 DEL PRADO BLVD., S UNIT 2-199  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, JENNILEE  
2710 DEL PRADO BLVD., S UNIT 2-199  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, JENNILEE TRUSTEE  
Address: 2710 DEL PRADO BLVD., S UNIT 2-199  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: MONTANA MANAGEMENT, INC.  
Address: 2710 DEL PRADO BLVD., S UNIT 2-199  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNILEE WILLIAMS

MGRM

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date